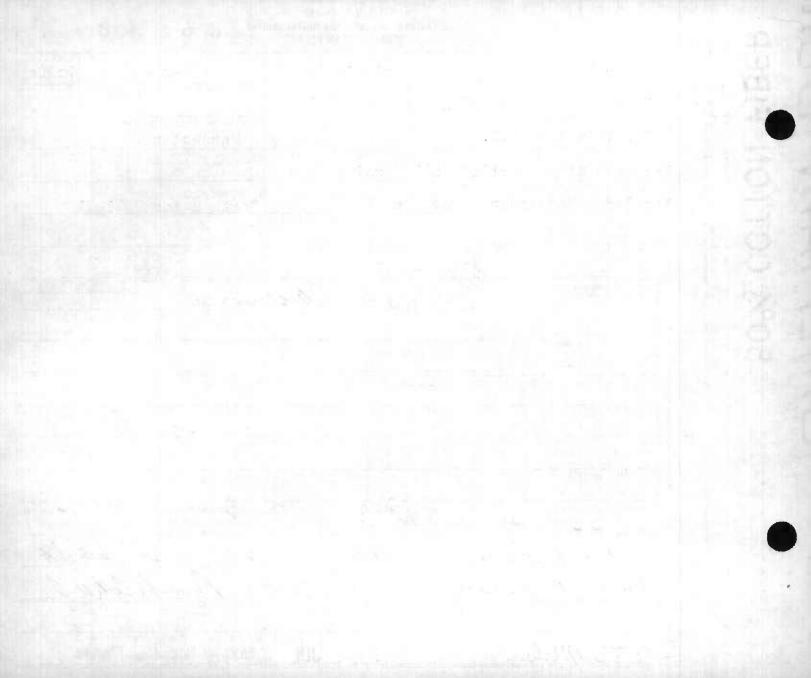
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) DEATH MATED Robert Blaebaum 19 86 4 RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOUNCED 12/1/63 22 DEAD White Male 1986 TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) USA Germany WIDOWED DIVORCED Worcester County, CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION CTYPE OF WORK 126 KIND OF BUSINESS Ocean City 50 & Bonita Drive Laborer General SUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Millersville RD 1. Box 195 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Judith Atlee Frederick Blaebaum Reichard 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) Groff Funeral Home. PA No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BU F HEALTH AN IAL, CREMAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T TO MEDICAL EXAMINER: THIS CERTIFICATE SF EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARNYBANG, 21201 PRIOR TO BUI 71e EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XXOR HOURX MONTH DAY YEAR 6-20 19 86 pedestrian struck by auto(s) CONTRIBUTING CAUSE OF DEATH 1 1:55 PM 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED street, Factory, FARM, ETC.) Rt. 50 & Bonita Dr., Ocean City, Worcester Co., WHILE AT WORK XX Autopsy XX 22e. I certify that I too arge of the comains described obove, held an Inquiry Homicide Undetermined monner TITLE (SPECIFY) 6-21-86 Chief SIGNATURE MEDICAL EXAMINER XAMINER'S NAM 111 Penn St., Balto., Md. John E. Smialek, M.D. 23e. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 6/21/86 Removal Riverview Burial Pk. PA Lancaster 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 4905 York Road, Balto., Md. 21212 (VR A15 ME (5))

Mhits 12/1/2 (313 de la company) VEISTAVILLO E F. 1, For 195 1 15-1 H. Froderick elegant 'unith Foirham thes Groff Furst Home,

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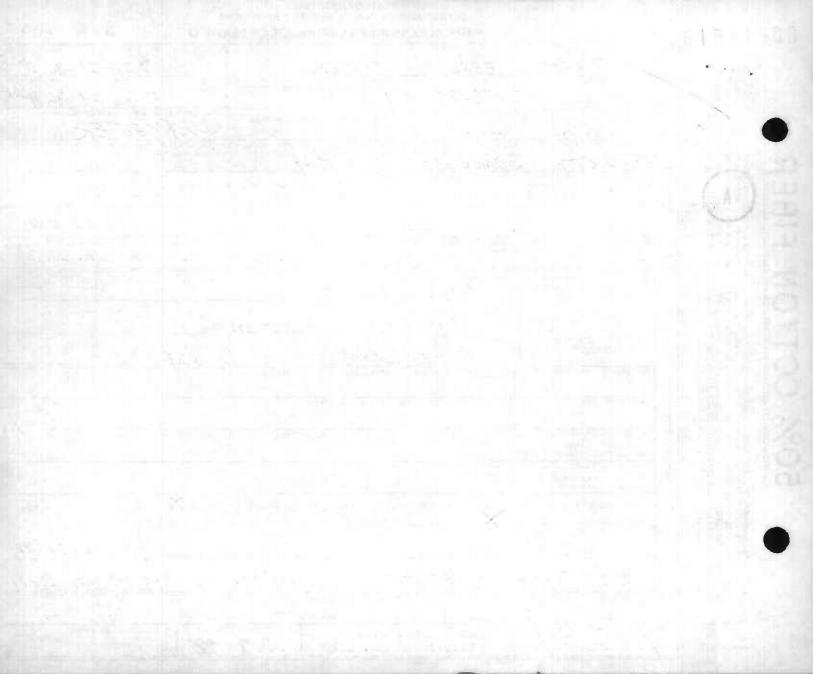
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E 0 8			omas Shrea	ves Mary		Colo	na
Pages medica		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN] (IF YES GIV	E WAR OR DATES)		ADDRESS Rou	te 2,	Box 6
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pe 4 mo ctor, po s other c	3. SEX	2 male	Negro	5. DATE OF	BIRTH DAY 1916	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR MONTHS DAYS	
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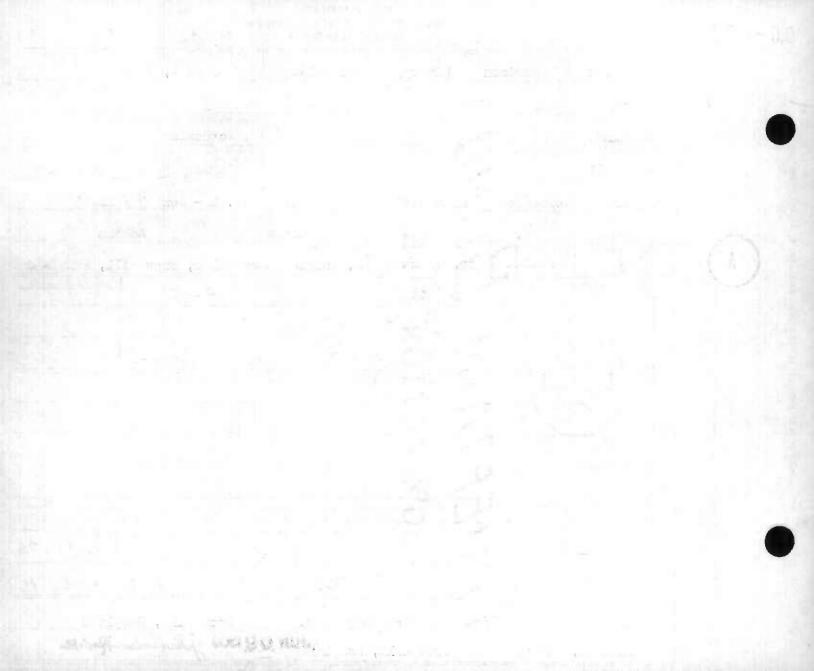
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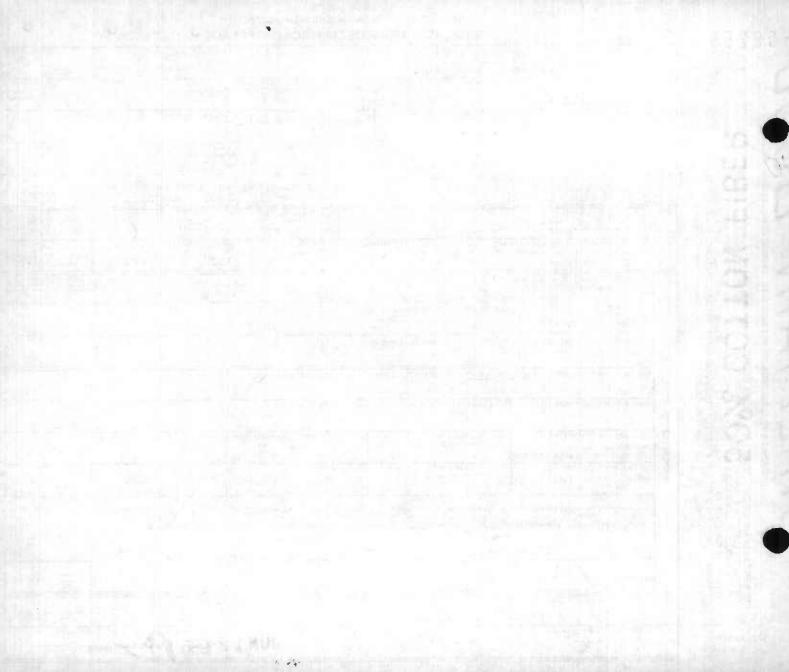


00-09712	1 -	FOR STATE REGISTRAR		DEPARTN		IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 O REG. NO.	1 8	441
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er de	3. SE)		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YE	
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1 100	S	now Hill		. 2 - Box			TYPE OF WORK FOR MOST OF W		ick Farm
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1 350		THER'S NAME				15. MOTHER'S MAIDEN NA	ME		
E LEXICO		George	WIDDIE	Deshie	lds	Clara	MIDDLE	Adkins	LAST
7 17		AS DECEASED EVER IN U.S.				17. INFORMANT	ADDRESS	,	
OW (At) 10 /	()	(IF YES,	GIVE WAR OR DATES)	220 16 9	372	W. Garfield	Deshields, Sr	now Hill,	Maryland
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Though the second secon		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	Car	dio	- Respita	Tory Arrest		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate and other strains conditions by the ottending physician. Wher this certificate has been signed by the ottending physician conditions permit. Then please remove continued in fraction to be made to the please remove continued in the hand Mental Hygiene prior to burial, cremation, or remove and mental Hygiene prior to burial, cremation, or remove and the medical criticism must be orked or them 18 shows any injury, or other troumate events the medical criticism.		IMMED		OR AS A CONSTIQUE	NICE OF	1)-/1	/	3 1 3 7 1 7 3 5	The state of the s
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DING P or other te os the olth one morked	2	AT WORK NOT WHILE							
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TTE porto for of the 21 is		sow the deceosed olive obove, (1) (we) (djd) (di d	not) view the bod	ly ofter death.	. 0	nd that in (my) (our) opinion	death occurred on the date	ond hour ond from	the couses stated
OR A e hos ched Dept.		226. SIGNATURE			100	DEGREE	/	22c. D/	ATE SIGNED
_ C O _ C		- HE	DOC 10	(christer)		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	N C	5/86
HOSPITAL ned by the FUNERAL old be det of the Store		226. PHYSICIAN'S NAME (TY				22e. ADDRESS			1.0
TO HOSPITAL TO FUNERAL should be det with the Stote		ALBERT	G, 7	DACANA	7	309 TIM	MONS ST.	SNOW H	fill, MI
D = 54 3 5	23a. 6	SURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COLUTY	STATE
BP		Burial	6/7/	'86 Fr	iends	hip Meth.		l, Marylan	
DHMH-16 30M 2/80		JNERAL DIRECTOR		ADDRESS	MAR	25n DA	TE REC'D. BY REGISTRAR 25	BEGISTRAR'S SIGN	VATURE
(VRA 15, 4)		Norman F. De	nnis	Snow 1	Hill,	Maryland	July	ment appro-Mont	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

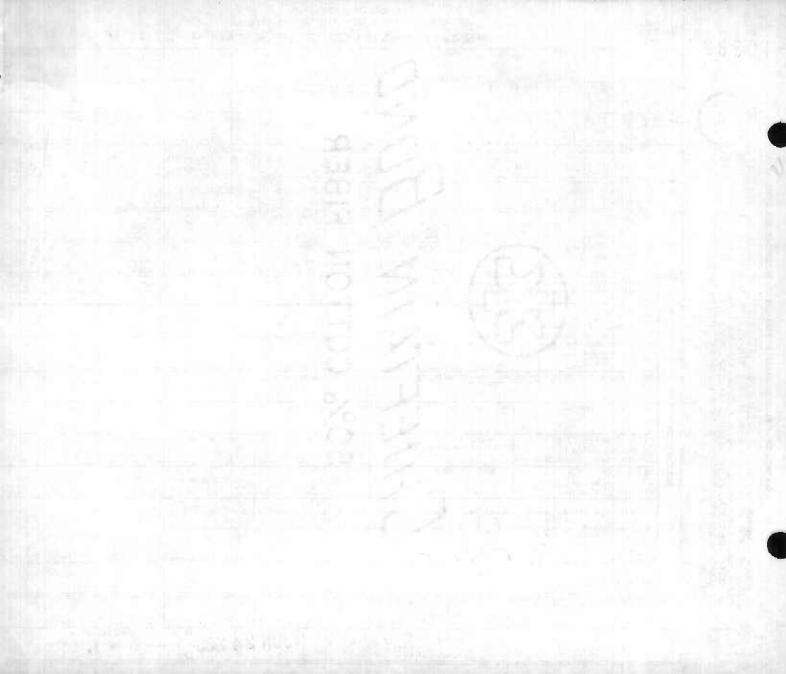
STATE OF MARYLAND



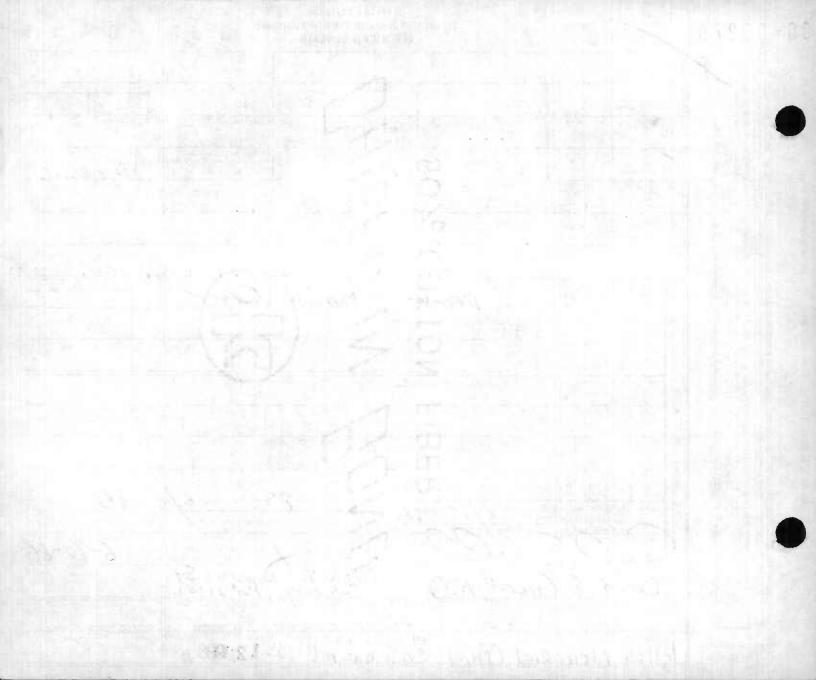
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 - 09298REGISTRAR DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-NICHOLAS **EVERS** DEATH MAJED 6 1086 AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 10:2 Nov 16, 1967 18 PS Male White DEAD 6 1086 TE CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Maryland Worcester County DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE! Ocean City Coastal Hwy. & Jamestown Rd. Student WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 12666 Scaggsville Road 20777 Highland Maryland Howard YES [EATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRSLUCY McClain Theodore H. Evers 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ES. NO. OR UNKNOWN LIE YES GIVE WAR OR DATES) Theodore H Evers 12666 Scaggsville Rd. 220 60 1012 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR 0:10.m. 6-6-CONTRIBUTING CAUSE OF DEATH 19 86 Pedestrian struck by auto. 21e PLACE OF INJURY LATHOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR PAGE 3 AFTER CEATH WITH THE STATE DE BALTIMORE, MARPHAND, CLTON F STREET, FACTORY, FARM, ETC) STATE NOT WHILE AT WORK road Coastal Hwy. & Jamestown Rd., Worcester MD 22a I certify that I taak charge of the remains described above, held an Autopsy death resulted from: /Natural causes Accident X Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED 6-7-86 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Clarksville Howard Maryland June 10, 1986 St Louis Burial 07/84 25M Inc. 4112 Old Columbia Pike Ellicott City **DHMH - 17** full waydoon-parque (VR A15 ME (5))



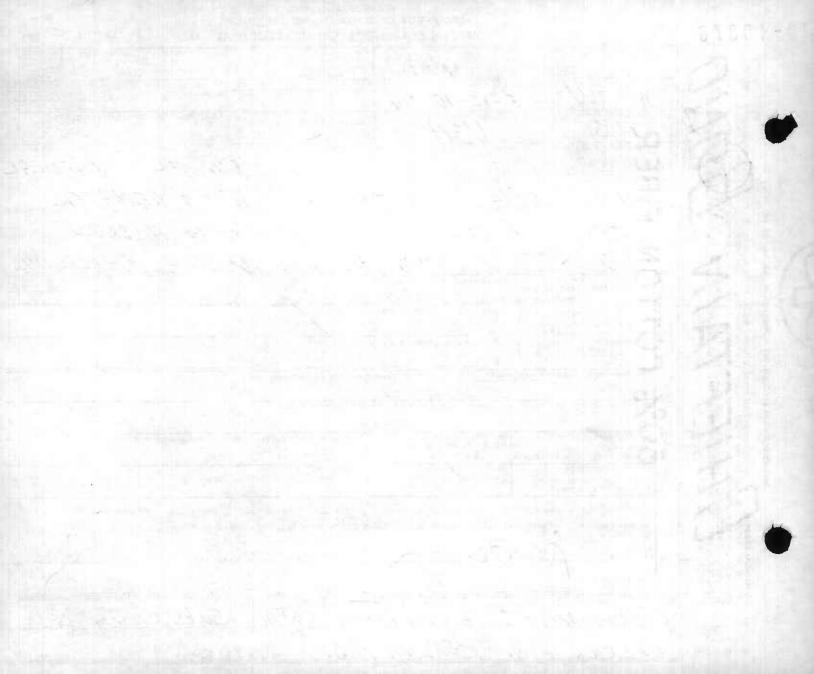
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED 20 6 RICKY John HOLLAND 2d HOUR 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 2:25 DEAD 1965 1986 Male Cauc. 08 18 20 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE O MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED . DIVORCED Worcester County Maryland IN CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Rt. 589 & Manklin Creek Rd. Taylorville Maintenance USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3a STATE Maryland Worcester Ocean City YES 21842 NO [] Rt. I. Box 427D 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Randolph Clarence Holland, Jr. Marie Thorton 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? No 215-94-0060 Gloria Trojan, Ocean City, MD APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AE THIS CE., ATE, WRITING 11., ORWARDED TO THE CORWARDED TO THE CORP. THE STATE DEPARTMENT OF HY CORP. TO PRIOR TO BURIAL CORP. YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOO 2:15xx 6-20- 1986 Driver of auto that lost control. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK road 589 & Manklin Creek Rd., Worcester, MD Taylorville 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Accident X death resulted Iram: Natural causes Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 6-20-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD Ann M. Dixón, M.D. 21201 (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE Burial STATE Sunset Memorial Park 6/23/86 Berlin Worcester MD U7784 250 108 Williams Street 24. FUNERAL DIRECTOR **DHMH - 17** W. Kirk Burbage, Berlin, MD (VR A15 ME (5))



-10269	1-	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	Ö Ö REG. NO		8	5 0
e €	1. DEC	CEASED NAME OR PRINT)	Lois	MIDDLE		losier	6-12-8		AY YEAR	26. HOUR 10 : 00au
by be deat			ПОТР	S.	5. DATE C		6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 mc ector, p	3 SEX	Female		White	9 ONTH	4	76 77		ONTHS DAYS	HOURS MIN.
oth. Poor	CC	RTHPLACE (STATE DUNTRY)	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Worcest		OF DEATH	MD
the funded withing	10 CI	TY OR TOWN OF		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	ON WORKING LIFE		F BUSINESS OR
d in by	USUA	COMOKE AL RESIDENCE (IF		11409 Market S R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	4.12	21	851
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be exe	no	ES, NO OR UNKNOW!	N) (IF YES, GIV		7553	Sue Bundic	k Pocomoke	City	Md.	21851
es that the death certine by the attending probase remove carbon ural, cremation, or reny, or ather troumatic ev.	10000	Conditions, if gove rise to cause (a), sunderlying c	any, which immediate stating the ause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF	cclusion NOT RELATED TO THE TERM	ainal disease or coni	DITION GIVE	N IN PART 1(c	01
n. as been signerment. There is prior to be	CERTIFICATION	19a DATE OF OF	PERATION	196, CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	
physicial rificate harmonit transit prol Hygier m 18 show	-	21a. ACCIDENT WA	CAUSE OF DE	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	YES NO			NO []
G PHYSICIA ottending p fer this certific s the buriol- i and Menta i and Menta	MEDICAL	21d INJURY OC		P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ATTENDIN Septial or of CTOR: Aff of for use or of Health		220 I certify the saw the de above (1) (v	annead election	ortal) attended the deceased from _ n19 ort view the body at 15 death	_	19	death occurred on the do		and from the	
by the hore ERAL DIRE e detacher State Depti		72b. SIGNATURE	62	sat	M		MEDICAL STAF		6-1	3-86
TO HOSPITAL retained by th TO FUNERAL should be det with the State		22d. PHINICIAN	c. San	îtiano		12100 8th S		e Ci	ty, MI	21851
BP	(:	BURIAL, CREMAT	ION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	state Va.
DHMH - 16 50M 7/77 (VR A 15 (4))		JURIAL DIRECTO	OR ME	16/15/86 Gr		JEIN	Hallwood TE REC'D GYREGISTRAR		PAR'S SIGNAT	



			Film G619 item	n 16b		ATE OF MARYLAND F HEALTH AND MENTA	N HYGIENE		
10-1	0876	1- 5	STATE 9/11/86 rja	м	EDICAL EXAMI		E OF DEATH O REG. N	1 8	5 2
	00.0	1 DEC	EASED NAME FIRST		WIDDLE	LAST	20 DATE KNOWN	MONTH	DAY YEAR 26. HOUR
,	3 8 8 8 E	(TYPE	OR PRINT) DAN1	EL	(NMI)	MUDRON	OF ESTI- DEATH MATED	9x 6	1919 86 M
5	PAY, PIEASE DIRECTOR. OUR FILES. TO HOURS	3. SEX	M RACE	S DATE OF BIRT	YEAR LAST BIRTH		DER 24 HRS 20 DATE S MIN PRONOUNCED DEAD	монтн	19 19 86 2d HOUR 8:57
*	Negative A	FOR	THPLACE (STATE OR LEIGH COUNTRY)	76. CITIZEN OF		MARRIED NEVER M	ORCED Worcester	r Coun	
		0	cean City	1107 E	ospital, nursing how reaculty, give street abbress Edgewater Av	ME, OR OTHER INSTITUTION (C)	FOR MOST OF WORKING LIFE)	PE OF WORK	KIND OF BUSINESS
. 21201	S S S S S S S S S S S S S S S S S S S	13a. ST	mo L		Tac. CITY OR TOWN	YES NO	1/87 Ileas	EUA	74842
BALTIMORE, MD.	DEATH.		THER'S NAME FIRST SOLLAR AS DECEASED EVER IN U.S.	MODINUD	RUNGAST	IS. MOTHER'S M	AIDEN NAME 1 ZABETH MODILE ADDRES	UDE	UNI
BALTIM	URS AFTER D B. GIVE PAG WITH FORM T. PAGES 1.	(YE	S, NO, OR UNIMOUNN) (IF YES, G	IVE WAR OR DATES)	221-07-644	1 111	MURRUN	BE	ELIN, MA
ON ST.,	24 HOURS ITEM 18. G ONG WIT PERMIT. P. SIENE, DIV		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS IMMED	SED BY: IATE CAUSE (a) A	rterioscler		scular disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	THIN SEE AL ANSIT	100	Canditions, if any, whi	ch	or as a consequenc	E OF			
201 W.	EXAMINE EN PEN PEN PEN PEN PEN PEN PEN PEN PE		cause (a) stating the <u>under</u> lying cause last.		OR AS A CONSEQUENC	E OF			
SDS	EXECAL PICAL A BU H AN	7	PART 2 OTHER SIGNIFICANT CONDITIO			RMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (a).		
EC	A A S A S C C C C C C C C C C C C C C C	IOIT	19a DATE OF OPERATION		Cirrhosis of	liver ERATION WAS PERFORMED?			In Auxonova
VITAL	SHOUL CHIEF TOFH	CERTIFICATION				EKATION WAS TENIORMED!			Abdomen Only
DIVISION OF VITAL RECORDS, 201 W	S THE W TO THE HOULD B ARTMEN		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A	OF INJURY I.M. MONTH DAY YE I.M. 19	AR	IRRED (EMTER MATURE OF IMJURY IN ITEM 1:	B PART I OR PART	(2)
DIVIS	WRITING WRITING WARDED PAGE 3 SI TATE DEP	MEDICAL	WHILE NOT WHILE AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUN	NIT STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG V TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE! BARLIMORE, MARYLAND, 21201 PRIORTO BURIAL, CREMATION, OR REMOVAL.		22a certify that took cho death resulted from: Na	tural causes X,		Abd . Anly Inspe		and in my apir	nian
U	CAL EXA SHOULD SHOULD SALOUR ATH, WI RE, MAR		ACTUAL SIGNATURE	non	A	TITLE (SPECIF) M.D. Assist	() Cant medical examiner	DATE	6-20-86
	O MEDI SACCUTE SACE A SALIMO		EXAMINER'S NAME Ann	M. Dixon			Penn St., Balto	o., MD	21201
07/84 25M	BP	(SF	REMATION NERAL DIRECTOR	6/2/18	86 DELAN	ARVA OR	23d. LOCATION CITYORDINAL STATE ATE REC'D. BY REGISTRAR 25b. REC	SUSSE GISTRAR'S SK	EX. DEL.
	DHMH - 17 (VR A15 ME (5))	6	14LRICH V	I, H, ADDRE	SERLIN,	Mo.	JUN 3 O 1986	- ARIHAM	- di selate



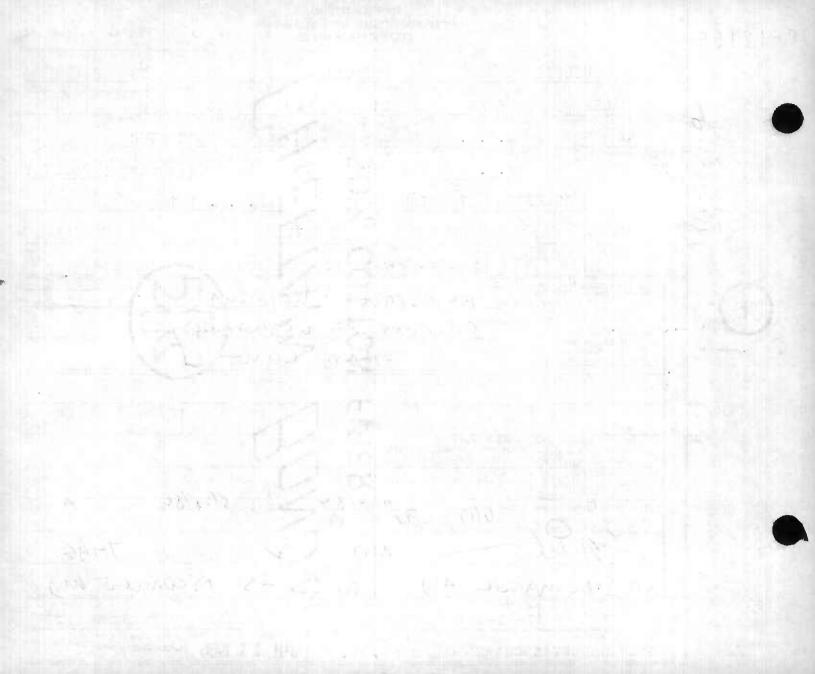
STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	4	J	-
REG. NO.			

ч	REGISTRAR		CERTIFIC	MIL OI DE	7111	REG. NO).			10.0		
1	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAS		-	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOU	R		
	WILLI			RNELL			6 28		93	M		
	3.5EX	4. RACE	5 DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR						
	MALE	NEGRO	01	05	20	66	YRS.					
4	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MA	ARRIED 🗆	9 BALTIMORE CITY OF	COUNTYO	FDEATH				
2	MD	U.S.A.	WIDOWED	DIV	ORCED		CESTER			MD.		
	C. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	DDRESS]			120 USUAL OCCUPATION	WORKING LIFE					
4	STOCKTON LIAL RESIDENCE (IF NURSING HOME OF	P.O. BOX 1		OCKTO	v, MU	LABORER	RETI	RED)	POUL	TRY		
2	MD WORD	ESTER STOCKT	NO I		40 🗆	P.O.B. 10		210	86	4		
2	SEVERNA	PARSOI		5. MOTHER'S	MAIDEN NAM			PUR	NELL			
10	160 WAS DECEASED EVER IN U.S. AR		RITY NO. 1	1 INFORMAN	T	ADDRE	SS			-114		
	(YES NO OR UNKNOWN) (IF YES, GIV	217-03-	5931	WILLI	E MAE	PURNELL	(SI	AME)				
	PART I. DEATH WAS CAUSE	MAL INT		10	ARCI	NOMA	3/17	BETWEEN	MATE INTER	VAI DEATH		
	IMMEDIA	re CAUSE (U)	2////		1000	1001011						
	Canditians, if any, which	DUE TO, OR AS CONSEQUE	NCE OF	2B	E3.0	PHA-GUS	7					
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	1	(.		/					
	underlying cause last,	(c)	- /	MOD	u	ing J						
		CONDITIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED T	O THE TERMI	NAL DISEASE OR COND	OITION GIVEN	N IN PART 1	a			
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATION	WAS PERFOR	MED	20a AUTOPSY?		WERE FINDIN				
	£	Andrew March				YES NO	YES		NO [
1		110118 4 11 11011711 61	Y YEAR	21c. HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PAR	T 1 OR PART 2)				
1	OR CONTRIBUTING CAUSE OF DE	ain .	19									
	(IF EITHER NOTHEY MEDICAL EXAMINE) 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA		TI LOCATION	1	CITY OR TOV	VN	COUNTY	5	TATE		
	NOT WHILE AT WORK				N. A.	. 1. 11	las					
		ital) attended the deceased fram_	9//	8/87	19	_, to	09 19	·		ve) last		
		yige the body after death.	3.6		iur) apinian d	eath accurred an the da	te and have a			ted		
	226. SIGNATURE A	1	M	GREE AT	TENDING	MEDICAL _ STAF	F	TA DATE	SIGNED			
-	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS	YSICIAN 🖸	DIRECTOR PHYSIC	AN 🗌	1///	106.			
	RCSHOEM	vakor my		PO 6	30x 3	IS Po	Omo	KE	m	2		
Y	HURIAL CREMATION REMOVAL	236 DATE 23c N		METERY OR CR	EMATORY	23d LOCATION CITY OR TOWN		COUNTY		TATE		
		7-03-86 E	VERGR		Var a	BERLIN		ESTER	MD			
	24. FUNERAL DIRECTOR JOLLEY MEMORIA	ADDRESS	r,#2, SBURY,	BOX 920	25a. DATE	REC'D. BY REGISTRAR	256. REGISTRA		URE	P		
		TO CHILL DE SALIS	DUKI,	MU.	OOL	1 1000	- 1500 A					

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH YEAR 2h HOUR [TYPE OR PRINT] OF ESTI-E.dward DEATH MATED Mark Ward 6-8 19 86 4 RACE DATE OF BIRTH A AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOLINCED 86 20 DEAD Male White Dec 16,1965 A BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K Salisbury, Maryland U.S.A. Worcester County, DIVORCED WIDOWED [D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17g. USUAL OCCUPATION LTYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Ocean City Rt. 1, Box 314, Cottage #2 Grand Kart Raceway SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Glass Hill Rd., 30 STATE OUNTY 13c CITY OR TOWN Maryland Wicomico Parsonsburg YES [NO X P.O. Box 235 21849 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST John Ward Virginia Johnson 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 213-90-9473 No John E. Ward see sec 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXEC EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATIN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR subject hanged himself 19 86 ? P.M 6-8 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE XX Rt. 1, Box 314, Ocean City, Worcester Co., Md. cottage Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Suicide XX Accident Hamicide Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 6-9-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE Burial 6-13-1986 Springhill Mem. Gardens Hebron Wicomico, MArvland 07/84 250 DATE RECID BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Chille Davidson Handall Baker & Bounds Salisbury, MAryland (VR A15 ME (5))

STATE OF MARYLAND

